| AMENDMENT TRANSMITTAL LETTER | | | | | Docket No. 4252-0119PUS1 | |
|--|---|---|---|---------------------------------|---|--|
| Application No. 10/580.648-Conf. #5783 | | Filing | | Examiner | Art Un | |
| 10/580,648-C0 plicant(s): Mas | *************************************** | February | 12, 2007 | A. M. Iwama | /e 3774 | |
| | SROWTH INHI | | MEDICAL IN | ISTRUMENT AND D | DIGESTIVE SYSTE | |
| RCE mmissioner for I). Box 1450 xandria, VA 223 | Patents | | *************************************** | | ······································ | |
| ansmitted here ne fee has beer | | | | | | |
| 10 100 1100 0001 | - CONTROL DE LA | *************************************** | S AS AMEN | | *************************************** | |
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | •••••••••••• | |
| Total Claims | 7 | - 20 = | | х | | |
| independent Claims | 1 | - 4 = | | х | | |
| Multiple Depend | ent Claims (ch | eck if applicabl | e) | | | |
| Other fee (please specify): Request for continued examination (RCE) (see 37 CFR 1.114) | | | | | 810.00 | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | 810.00 | |
| X Please charg | If fee is require ge Deposit Acc copy of this she | ount No. | 2-2448 i | Small Entity | 810.00 . | |
| **** | ne amount of \$ credit card. Fo | | TOTAL STREET | sed. | | |
| X The Director | | orized to chan | ge and credit | Deposit Account No enclosed. | 02-2448 | |
| Ad | ny overpaymen iny additional fili | | n processing | fees required under 3 | 7 CFR 1.16 and 1.17. | |
| Marc S. Weiner Attorney Reg. N | | <u> </u> | *************************************** | Dated:N | lovember 5, 2009 | |
| BIRCH, STEWA 8110 Gatehous Suite 100 East P.O. Box 747 | | H & BIRCH, LI | .P | | | |